

Oral PrEP Introduction Planning Toolkit

STEP 6 PRIVATE SECTOR ASSESSMENT

About this toolkit

WHAT IS THE PURPOSE AND CONTENTS OF THIS TOOLKIT?

- This toolkit was developed and used by the OPTIONS Consortium to support planning for the introduction of oral PrEP for HIV prevention in Kenya, Zimbabwe and South Africa.
- This toolkit is designed to help users in other countries plan for the introduction and rollout of oral PrEP

WHO SHOULD USE THIS TOOLKIT?

This toolkit will be most relevant for:



National governments and ministries of health/HIV agencies to inform national and regional oral PrEP rollout and provide high-level guidance to counties/districts on what factors should be considered to ensure they are prepared to rollout oral PrEP



Implementing organizations (e.g., NGOs) to understand national and regional needs related to oral PrEP delivery and to support effective resource allocation



Donors (e.g., USAID) to initially scope country-specific needs and resource requirements

HOW COULD THE TOOLKIT BE MORE USEFUL?

If you have thoughts, feedback, questions, requests for additional information or other resources that you would like to add to this toolkit, please contact us at info@PrEPNetwork.org.

Please acknowledge USAID/OPTIONS with use of this toolkit.

This is the sixth tool in a series of six

1

SITUATION ANALYSIS

Understand current context for oral PrEP

- Identify existing assets, gaps, challenges, and key questions for PrEP rollout
- Develop a landscape of key stakeholders and ongoing efforts

2

PROJECT LANDSCAPE

Assess findings & gaps in projects

- Survey current and planned studies and implementation projects
- Identify key questions to inform implementation and assess gaps

3

ROLLOUT SCENARIOS

Inform where and how to rollout PrEP

- Define rollout scenarios that differ by counties/districts or population groups
- Highlight considerations and trade-offs between different scenarios

4

DISTRICT READINESS ASSESSMENT

Assess district readiness for oral PrEP

- Assess district/county readiness to introduce and scale oral PrEP
- Support sub-national planning for oral PrEP rollout and scale-up

5

FACILITY READINESS ASSESSMENT

Assess facility readiness for oral PrEP

- Assess the readiness of healthcare facilities to deliver oral PrEP
- Identify areas that require additional investment

6

PRIVATE SECTOR ASSESSMENT

Identify opportunities for oral PrEP in the private sector

- Understand if private sector channels could expand PrEP access
- Compare across channels for ability to effectively deliver PrEP

Private sector assessment tool overview

Purpose

A tool to assess and compare opportunities to deliver oral PrEP through private sector healthcare channels

About the tool

- This tool was developed based on consultations in the three OPTIONS countries (South Africa, Kenya and Zimbabwe)
- The tool is designed to provide answers to two key questions that were raised by policymakers and implementers in those countries:



To what extent does private sector healthcare reach individuals at risk for HIV, especially women and adolescent girls?



What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

Research methods to complete the tool

Inputs for this tool include quantitative and qualitative data that can be gathered via secondary research (e.g., reports / data on use of private sector healthcare) and from interviews (e.g., with private sector healthcare professionals, professional associations, other HIV experts)

Private sector healthcare includes diverse channels that could be platforms for oral PrEP delivery

While different channels will be relevant in each country, the following healthcare channels are broadly relevant across many countries:

Commercial healthcare facilities

Private, for-profit hospitals and clinics

Faith-based organizations (FBOs)

Private facilities affiliated with religious institutions, including church-related networks and individual mission hospitals

Private doctors

For-profit doctors who either work in small private clinics or manage their own independent practice

Pharmacies

Private facilities in which individuals can purchase medicine, some of which are managed by trained health care workers or pharmacists

NGO clinics / Social franchises

Private, not-for-profit facilities funded by donors and for- or not-for-profit clinics participating in social franchise networks

School, university or workplace-based facilities

Health facilities and services at universities, technical schools, and places of employment
(Note: represent a mix of public and private)



To what extent do private sector health care channels reach individuals at risk for HIV?

Compiling data across the following questions will help countries assess whether the private sector can help meaningfully expand access to oral PrEP for those at risk for HIV. Data sources and availability will vary by country; however, national and district health information systems (DHIS) will contain most of the necessary data.

Question	Considerations	Assessment
What percentage of the population uses private sector healthcare for HIV testing, contraceptives, or other SRH services? How is this changing over time (e.g., is it increasing or decreasing)?	If a high percentage of the population currently uses private sector healthcare (or the percentage is low but rising), then private sector healthcare could be an important part of a country's oral PrEP strategy.	What portion of the population uses private sector healthcare for HIV testing, contraceptive access, or other SRH services? HIGH MEDIUM LOW
Which populations use private sector healthcare? To what extent is this population at risk for HIV transmission?	If populations at risk for HIV currently use private sector healthcare, then private sector healthcare could be an important part of a country's oral PrEP strategy.	To what extent do populations at risk for HIV (e.g., FSW, AGYW, sero-discordant couples, MSM) use private sector healthcare? HIGH MEDIUM LOW
Where are private sector healthcare facilities located in the country? To what extent does the private sector footprint overlap with regions of high HIV incidence?	If private sector healthcare facilities are located in areas of high HIV incidence (e.g., NGO-run clinics in high-incidence rural areas), then private sector healthcare could be an important part of a country's oral PrEP strategy.	How much geographic overlap do HIV hotspots have with where private sector healthcare facilities are located? HIGH MEDIUM LOW
To what extent does private health insurance cover oral PrEP ?	Private sector insurance coverage for oral PrEP can provide a solution to the challenge of affordability of private sector healthcare; in countries with insurance coverage for oral PrEP, the private sector could have greater potential as part of the country's oral PrEP strategy.	If private health insurance covers oral PrEP, note it as a factor that may support oral PrEP uptake through the private sector in your analysis.

If all three boxes are medium or high, continue on to the private sector landscape analysis.



What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

After determining that the private sector could be an important part of an overall access strategy for oral PrEP, conducting several analyses can help clarify which private sector channels offer the best opportunity to improve access to oral PrEP. These analyses include:

1. Identifying relevant private sector channels for your context (*slide 8*)
2. Assessing each channel against six criteria: three criteria to assess the ability of the channel to reach populations at risk for HIV and three criteria to assess the channel's capacity to deliver oral PrEP effectively (*slides 9-11*)
3. Comparing assessments across channels to identify the channels that present the best opportunity for oral PrEP (*slides 12-13*)
4. Planning for next steps for priority channels (*slide 14*)

Templates and guidance for each of these analyses are included in the following slides



Identifying relevant private sector channels

Channel	Description	Additional detail	Key organizations	PrEP delivery
NGO clinics / social franchises	<p><i>Example (Kenya)</i></p> <p><i>Private not-for-profit facilities funded by local organizations or international donors, including social franchise models. This analysis focuses primarily on NGO-managed social franchises.</i></p>	<ul style="list-style-type: none"> • <i>Highly organized networks with family planning (FP) and HIV capabilities, trained HCWs, advanced patient tracking, integration with public health system, and quality standards enforcement</i> • <i>MS-Kenya and PSK provide comprehensive FP/HIV services; KMET and FHI 360 focus on HIV treatment</i> • <i>MS-Kenya operates in 90% of counties; reaches ~200k people each year</i> • <i>PSK operates in 80% of counties and reaches ~200K people each year</i> 	<ul style="list-style-type: none"> • PSK-Tunza • MS-Kenya Amua Kisumu Medical and Education Trust Haduma Poa • Gold Star Kenya (FHI 360) • LVCT Health 	<ul style="list-style-type: none"> • Jhpiego Bridge to Scale (PSK-Tunza) • DREAMS, Partners Demonstration Project • LVCT Health IPCP Project (PrEP for key populations)
Commercial healthcare facilities	<p>For the channels relevant in your context, include the following:</p> <ul style="list-style-type: none"> • Description with a definition of what is included in this healthcare channel • Additional detail on the landscape of that healthcare channel (e.g., structure, effectiveness, reach) • Key organizations that operate healthcare facilities or networks of facilities in this channel • Organizations or projects in this healthcare channel that are currently delivering oral PrEP 			
Private doctors				
Faith-based organizations				
Pharmacies				
School or workplace-based facilities				



Assessing each channel against six criteria

The following six criteria were identified as critical to assess for private sector channels to understand to what extent they could improve access to oral PrEP for at-risk populations.



Can individuals at risk for HIV access this channel?

Factor	Definition
1 Acceptability	Individuals at risk for HIV are comfortable with accessing family planning and other sexual and reproductive health services through this channel
2 Affordability	Services are affordable for individuals at risk for HIV with a range of income levels
3 Proximity	Sufficient number of facilities located in regions with high HIV incidence



Does this channel have the capacity to deliver oral PrEP?

Factor	Definition
4 HIV counseling and testing services (HCT)	Channel currently offers HIV counseling and testing services
5 Healthcare workers (HCW)	Channel has healthcare workers on staff who can prescribe and support adherence to oral PrEP
6 Ability to provide follow-up	Channel enables oral PrEP users to easily follow-up for prescription pick-up and ongoing testing

The following slides include templates to assess and compare channels along these criteria



Assessing each channel against six criteria (1/2)



Can individuals at risk for HIV access this channel?

Delivery channel	1 Acceptability <i>Individuals are comfortable with accessing SRH/FP services at this channel</i>	2 Affordability <i>Individuals could afford oral PrEP through this channel</i>	3 Proximity <i>Significant presence of this channel in regions with high HIV incidence</i>
NGO Clinics / Social Franchises	Example (Kenya) <i>Attractive SRH/FP service point, as they train providers to deliver quality, standardized care without stigma; deep expertise in providing SRH/FP and HCT services to high-risk women</i>	<ul style="list-style-type: none"> • Low cost/free; affordable • General FP products cost \$1-3 • Study found that PSK-Tunza charges \$5-20 per IUD 	<ul style="list-style-type: none"> • Medium access but aligned to areas of HIV incidence • 352 facilities nationally (7% of all private facilities) in both urban and peri-urban • ~400-500k visits per year for all populations • Facilities located in areas of high HIV incidence

Commercial healthcare facilities

Private doctors

Faith-based organizations

Pharmacies

School or workplace-based facilities

For the channels relevant in your context, include an assessment of each channel (in aggregate, not for specific organizations) along the three criteria related to access for at-risk populations: acceptability, affordability and proximity.

This information can be gained from secondary research and interviews with relevant experts and stakeholders in your country.



Assessing each channel against six criteria (2/2)



Does this channel have the capacity to deliver oral PrEP?

Delivery channel	4 HIV Counseling and Testing (HCT) Services Currently offers HCT services	5 Healthcare Workers (HCW): Channel has HCW who can prescribe and support adherence to oral PrEP	6 Ability to provide necessary follow-up Enables oral PrEP users to easily follow-up for prescription pick-up and testing
<i>NGO Clinics / Social Franchises</i>	Example (Kenya) <ul style="list-style-type: none"> Significant experience and expertise in providing HCT services on-site (i.e. PSK-Tunza conducts > 100k HIV tests/year) Strong expertise in integrating HCT and FP services for women and girls 	<ul style="list-style-type: none"> Have HCW on-site that could prescribe oral PrEP and support adherence Strong expertise in providing services to women and girls 	<ul style="list-style-type: none"> Advanced patient tracking systems support strong follow-up and referral for testing/monitoring
Commercial healthcare facilities	<p>For the channels relevant in your context (as identified on slide 8), include an assessment of each channel (in aggregate, not for specific organizations) along the three criteria related to capacity to deliver oral PrEP: provision of HIV counseling and testing services, healthcare workers with the necessary capabilities to deliver oral PrEP, and the ability to provide follow-up with oral PrEP users.</p> <p>This information can be gained from secondary research and interviews with relevant experts and stakeholders in your country.</p>		
Private doctors			
Faith-based organizations			
Pharmacies			
School or workplace-based facilities			



Comparing channels along six criteria (1/2)



Can individuals at risk for HIV access this channel?



Does this channel have the capacity to deliver oral PrEP?

Delivery
channel

1 Acceptability

2 Affordability

3 Proximity

4 HCT

5 HCW

6 Follow-up

Example (Kenya)

**NGO Clinics /
Social Franchises**

Strong Expertise
Providing SRH/FP
Services

Target low-income
with low-cost/free
services

Medium access/high
alignment with HIV
incidence

Regularly offers
HCT services on-site

HCW can
prescribe/
support
adherence

High capacity patient
testing, tracking and
referral mechanisms

**Commercial
healthcare facilities**

Summarize the findings from slides 10 and 11 on this slide.

Private doctors

Use the color coding provided below to assess each private sector healthcare delivery channel against the six criteria.

**Faith-based
organizations**

Those channels that offer higher accessibility to at-risk populations and greater capacity to deliver oral PrEP (e.g., those channels with more darkly shaded boxes) will offer the best opportunities to improve access to and uptake of oral PrEP through the private sector.

Pharmacies

**School or
workplace-based
facilities**

Access Rating Scale

Capacity Rating Scale

Highly accessible to most people

Accessible to some people

Inaccessible to most people

Strong capacity

Moderate capacity

Low capacity

KEY



Comparing channels along six criteria (2/2)

Delivery channel	Can individuals at risk for HIV access this channel?			Does this channel have the capacity to deliver oral PrEP?			Opportunity to deliver oral PrEP
	1 Acceptability	2 Affordability	3 Proximity	4 HCT	5 HCW	6 Follow-up	
<i>Example (Kenya)</i> NGO Clinics / Social Franchises							HIGH OPPORTUNITY <ul style="list-style-type: none"> Effectively deliver affordable HIV/SRH services without stigma Strong capacity to deliver oral PrEP
<i>Example (Kenya)</i> Commercial Facilities							MEDIUM OPPORTUNITY <ul style="list-style-type: none"> Unaffordable prices/urban focus limit accessibility beyond wealthy populations Strong capacity to deliver oral PrEP
Private doctors	<p>Copy the table from slide 12 (without the text, with colors remaining).</p> <p>For those channels with a majority of darker shaded boxes, note those as a “HIGH OPPORTUNITY” to deliver oral PrEP to at-risk populations. Include several notes as to <i>why</i> that channel presents a good opportunity. (See example of NGO Clinics above)</p> <p>For those channels with a mix of lighter and darker shaded boxes, note those as a “MEDIUM OPPORTUNITY” to deliver oral PrEP to at-risk populations. Include several notes on the benefits and challenges of using those channels to reach at-risk populations with oral PrEP. (See example of Commercial Facilities above)</p> <p>For those channels with only lightly shaded boxes, note those as a “LOW OPPORTUNITY” to deliver oral PrEP.</p>						
Faith-based organizations							
Pharmacies							
School or workplace-based facilities							



Planning for next steps

Delivery channel	Near-term opportunity to deliver oral PrEP	Market segment	Recommended action steps
<i>Example (Kenya)</i> NGO Clinics/ Social Franchises	HIGH OPPORTUNITY	Younger low-income urban women without insurance who are likely only able to afford to pay a small amount of money out of pocket	<ul style="list-style-type: none"> Partner with largest networks of NGO-run clinics Map where clinics and networks are located and capacitate those in high-incidence regions to deliver oral PrEP As needed, provide subsidies of oral PrEP to reach low-income users
<i>Example (Kenya)</i> Commercial facilities	MEDIUM OPPORTUNITY	Older high-income urban women with insurance (2-3% of population) or who are able to pay full cost out of pocket	Ensure commercial clinic networks have access to oral PrEP guidelines and HCW training opportunities
Private doctors			
Faith-based organizations			
Pharmacies			
School or workplace-based facilities			

Copy the last column from slide 13 to identify each channel as a “HIGH” “MEDIUM” or “LOW” opportunity to deliver oral PrEP to at-risk populations.

In the “market segment” column, note which populations could be reached by this channel. Note that a successful, comprehensive strategy will likely use multiple channels to reach different target populations.

In the “recommended action steps” column, include potential action steps that can be taken to introduce oral PrEP into these facilities and/or to address any gaps that they present (e.g., to address any of the access and capacity criteria that were rated “low” on the previous slides).

This information can be gathered from secondary research and interviews.

See the Appendix (slides 16 – 20) for examples and recommendations.

APPENDIX

Summary findings from private sector healthcare assessments in South Africa, Kenya and Zimbabwe. These general findings will likely be relevant across countries in sub-Saharan Africa.

Private sector health care can expand access to oral PrEP

Four attributes of the private sector may expand access to oral PrEP for women and girls at risk for HIV



Private sector health care is **widely used by women and girls**. Factors that drive this use include convenience, quality, confidentiality and the ability to consistently see a single provider. Currently, 20-40% of women and girls in Kenya, Zimbabwe and South Africa use the private sector for HIV counseling and testing and 62% of unmarried young women across sub-Saharan Africa utilize the private sector for family planning. Use of the private sector is lower in countries with strong public health systems (e.g., South Africa) and higher in countries with more limited public health capacity (e.g., Zimbabwe).



Private sector health facilities are **present in some areas of high HIV incidence** and new infections, especially in urban centers, where they will be most relevant for oral PrEP delivery.



Private sector health care **reaches those who can pay some amount for oral PrEP**, which allows public sector resources to be focused on those who cannot pay. Based on the current price of contraceptives in Kenya and Zimbabwe, private sector health care clients may be able to afford oral PrEP at a price of ~\$5.50/month (current average price of the contraceptive pill). In South Africa, the current price of contraceptives ranges from \$7 – 26 for those without insurance. In addition, oral PrEP is covered by insurance, so those with coverage will receive oral PrEP for free. However, for the uninsured, oral PrEP will be unaffordable at current retail prices, which are estimated to be ~\$20 - 40/month in South Africa and Kenya – **subsidizing oral PrEP** for uninsured PrEP users will need to be a part of the solution.



With a sufficient user base, there is a **clear business case for private health providers** to deliver oral PrEP as it can increase revenue of associated services, establish long-term relationships with patients who will likely return for many visits over time, and enable providers to establish a unique competitive advantage over other health providers.

Assessments of these channels across South Africa, Kenya and Zimbabwe raised common themes

	Accessibility	Capacity
Commercial facilities	<ul style="list-style-type: none"> • Unaffordable for many without insurance • Concentration in urban areas; limited accessibility for non-urban or rural populations • Women commonly use for IUDs and injectables 	<ul style="list-style-type: none"> • Has the highest capacity to test, deliver, and follow-up with oral PrEP management of any type of delivery channel
Private doctors	<ul style="list-style-type: none"> • Highly accessible delivery point, offering more affordable services than commercial facilities but less likely to reach at-risk unmarried women than social franchises • Women commonly use for IUDs and injectables 	<ul style="list-style-type: none"> • The lack of coordination between private doctors and the larger health system poses a challenge to standardized HCT service delivery and continued follow-up
NGO clinics/ Social franchises	<ul style="list-style-type: none"> • Offers low-cost services and is a common delivery channel for family planning • High acceptability among at-risk women and girls • Limited scale results in low-reach 	<ul style="list-style-type: none"> • Deliver integrated / quality standardized SRH services • Reliance on donor funding creates sustainability challenges
Pharmacies	<ul style="list-style-type: none"> • Highly utilized by many women for pills and condoms due to their convenience and acceptability 	<ul style="list-style-type: none"> • Lack HCW capacity to prescribe oral PrEP and conduct testing; good point to disseminate information and link patient to delivery points in the short-term (especially for unmarried young women who regularly use pharm. for FP)
Faith based organizations	<ul style="list-style-type: none"> • Offer affordable care in largely rural areas • Face challenges in acceptability due to provider attitudes and capacity • Except for Zimbabwe, women rarely use for FP services 	<ul style="list-style-type: none"> • Low service prices, relative high demand compared to public facilities, and lack of funding strain health care worker capacity
Higher education institutions	<ul style="list-style-type: none"> • Offer a unique opportunity to reach at-risk young women in countries with high college attendance • Women commonly use for HCT and family planning 	<ul style="list-style-type: none"> • While on-site health centers deliver HCT, most refer to public center for ART; is a good point to disseminate information on oral PrEP in short-term
Key	<div>Highly accessible to most women</div> <div>Accessible to some women</div> <div>Inaccessible to most women</div>	<div>Strong capacity</div> <div>Moderate capacity</div> <div>Low capacity</div>

Four delivery channels were identified as high priority opportunities for oral PrEP in at least one country

Channel	Kenya	South Africa	Zimbabwe	Overview
Commercial facilities	MEDIUM OPPORTUNITY	LOW OPPORTUNITY	LOW OPPORTUNITY	While commercial facilities consistently deliver high quality care, they are often unaffordable to those without insurance.
Private doctors	HIGH OPPORTUNITY	HIGH OPPORTUNITY	HIGH OPPORTUNITY	Private doctors are a high priority channels across countries due to their relative affordability, significant reach, and capacity to deliver confidential, quality care consistently over time to the same individual.
NGO clinics/ Social franchises	HIGH OPPORTUNITY	MEDIUM OPPORTUNITY	MEDIUM OPPORTUNITY	Social franchises are high priority channels across countries due to their ability to reach lower-income women with high-quality, subsidized care.
FBOs	LOW OPPORTUNITY	<i>Not considered in analysis*</i>	HIGH OPPORTUNITY	FBOs play a critical role in rural health delivery, making them a high priority channel in countries like Zimbabwe where ~70% of the population is rural.
Pharmacies	MEDIUM OPPORTUNITY	MEDIUM OPPORTUNITY	MEDIUM OPPORTUNITY	Pharmacies are key delivery points for family planning, offering convenient, confidential, low-cost services. Prescription requirements for oral PrEP limit near-term efforts to information dissemination and linkage to channels that could provide quality HIV testing and prescribe oral PrEP.
Higher education institutions	<i>Not considered in analysis*</i>	HIGH OPPORTUNITY	<i>Not considered in analysis*</i>	University clinics offer extensive HCT and family planning services to often difficult to reach populations (e.g., younger women, high-risk men), making them a high priority channel in countries with significant college attendance (e.g., South Africa).**

*Delivery channels surveyed in each country were selected after a literature review and interviews with key experts. Those channels that did not reach a critical number of women, nor achieve a significant scale were not considered in this analysis.

** Note that vocational training centers or technical schools do not have clinics on site and would therefore face additional limitations related to oral PrEP delivery.

These channels do have limitations that would need to be addressed to ensure near-term delivery is safe and effective

Challenges

Action Steps

Common across private and public sectors

Limited demand for oral PrEP among potential users

Lack of knowledge of oral PrEP guidelines among providers



Develop demand generation strategies and messaging

MOHs could partner with private sector provider networks (e.g., PSI-Zim, Pulse Health Solutions, PSK-Tunza Network, etc.), who have incentives to attract new regular patients and already engage in some advertising, to adapt current demand generation messaging to needs of private sector providers.

Adapt public sector oral PrEP HCW training

MOH could partner with private sector associations and networks (e.g., Southern African HIV Clinicians Society) to adapt public sector HCW training on oral PrEP to needs of private sector providers.

Unique to private sector

Unaffordability of oral PrEP for lower-income end users

Limited patient tracking and resistance monitoring capacity among private sector providers

Lack of specialization on HIV prevention and treatment among private providers



Invest in private sector subsidization

International donors and national governments could provide targeted subsidies to reduce the market price of oral PrEP, enabling greater affordability to the end user. This should be differentiated by end user income and delivery channel; many private sector providers already use tiered pricing to make services affordable but likely are not applying tiered pricing to drugs.

Invest in shared monitoring systems

MOH could partner with private sector associations and networks (e.g., Kenya Medical Association) to invest in shared monitoring systems for effective resistance monitoring and tracking of patients on oral PrEP.

Adapt public sector HIV HCW training curricula

MOH could partner with private sector associations and networks (e.g., Zimbabwe Medical Association) to adapt public sector HIV training curricula and guidelines to needs of private sector providers.